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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *none*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 07/09/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NH	SHEETS DRAWING 4	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance <i>met</i>				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials		

## ADDRESS

000959

## TITLE

System and method for the configuration, repair and protection of virtual ring networks

<b>FILING FEE RECEIVED</b> 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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